



Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |                   |
|------------------------|-------------------|
| Application Number     | 09/753,238        |
| Filing Date            | December 28, 2000 |
| First Named Inventor   | Paula Dorf        |
| Group Art Unit         | 3751              |
| Examiner Name          | TBA               |
| Attorney Docket Number | 203-004           |

I hereby appoint:

☐ Practitioners at Customer Number   
**OR**

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here

| Name               | Registration Number |
|--------------------|---------------------|
| John W. Olivo, Jr. | 35,634              |
| John F. Ward       | 33,811              |
| David M. Hill      | 46,170              |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

**OR**

|   |                        |       |                |     |       |
|---|------------------------|-------|----------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Ward & Olivo           |       |                |     |       |
| Address   | Suite 300              |       |                |     |       |
| Address   | 382 Springfield Avenue |       |                |     |       |
| City  | Summit                 | State | New Jersey     | Zip | 07901 |
| Country   | U.S.A.                 |       |                |     |       |
| Telephone   | (908) 277-3333         | Fax   | (908) 277-6373 |     |       |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

|           |            |
|-----------|------------|
| Name      | Paula Dorf |
| Signature |            |
| Date      |            |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.